



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/531,607
Filing Date	03/21/2000
First Named Inventor	Saha
Examiner Name	T.V. Mai
Group Art Unit	2124
Attorney Docket No.	A-67740/RMA/JML

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached Additional Claims \$104 <input checked="" type="checkbox"/> Amendment / Reply <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Supplemental Information Disclosure Statement; PTO 1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Express Abandonment Request </div>	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, No. of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> ■ CHECK #300871 (\$104) ■ RETURN POSTCARD RECEIVED DEC 30 2003 Technology Center 2100
AMENDMENT FEE CALCULATION		
EXTRA CLAIM FEES		
	Claims Remaining after Amendment Total 40 - 39 = 1 Indep. 6 - 5 = 1	Highest Number Previously Paid for Present Extra Fee 1 x 86 = \$86 1 x 18 = \$18 First Presentation of Multiple Dependent Claim x = _____ Total \$104

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer M. Lane, Patent Agent, Reg. No. 51,916 for R. Michael Ananian, Reg. No. 35,050 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111	Telephone: 415 781 1989 Fax: 415 398 3249
Signature		
Date	18 Dec. 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450, on this date:

DECEMBER 18, 2003

Typed or printed name	MARIA CIGANOVICH	Signature	
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